f11	, <i>la</i>		4	29393	\$00°	791n
	EXTENDED TO		13, 4040	V V	<b>O</b> ,	- • 0
<sub></sub> 990-T	Exempt Organization Bo			ax Returr	OME	No 1545-0687
	(and proxy tax upper calendar year 2018 or other tax year beginning SEP			3 31 201	9 5	2018
	► Go to www.irs.gov/Form990T fo				_   _	
partment of the Treasury rnal Revenue Service	Do not enter SSN numbers on this form as it i					Public Inspection Organizations O
Check box if address changed	Name of organization ( Check box if nam	ne changed a	nd see instructions.)		D Employer ider (Employees' to instructions)	ntification number rust, see
Exempt under section	Print HIGHER EDUCATION SERV	/ICING	CORPORATIO	N	75-1	661098
X 501(c0(3 )	Number, street, and room or suite no. If a P.O.	. box, see inst	tructions.		E Unrelated bus (See instruction	siness activity coo
408(e) 220(e)	Type 4381 W. GREEN OAKS BI			<del></del> -	1	
408A530(a)	City or town, state or province, country, and ZI ARLINGTON, TX 76016	IP or foreign	postal code		531120	
529(a) Book value of all assets	F Group exemption number (See instructions.	) ▶		<del></del>	551120	
at end of year 37,520,0	<u> </u>		501(c) trust	401(a	) trust	Other trus
nter the number of the	organization's unrelated trades or businesses.	1		the only (or first) u	nrelated	
	RENTAL OF DEBT FINANCED			complete Parts I-V		ine,
	ank space at the end of the previous sentence, complete	e Parts I and	II, complete a Schedule	M for each addition	al trade or	
ousiness, then complete	Parts III-V. the corporation a subsidiary in an affiliated group or a p.	arent-subsidi	ary controlled oroup?	<b>—</b>	Yes	X No
	nd identifying number of the parent corporation					
he books are in care of	► DENISE DUNN-TRAKSHEL		<del> </del>	one number 🕨 8		
	Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
Gross receipts or sale						
Less returns and allow Cost of goods sold (S		1c 2				
Gross profit. Subtract	,	3				
Capital gain net incon		4a				
Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b				
Capital loss deduction		4c				
Rent income (Schedu	partnership or an S corporation (attach statement)	6				
•	ed income (Schedule E)	7	-			
	alties, and rents from a controlled organization (Schedule	e F) 8				
Investment income of	a section $501(c)(7)$ , $(9)$ , or $(17)$ organization (Schedule					<del> </del>
	vity income (Schedule I)	10				
Advertising income (5	ichedule J) structions; attach schedule)	11 12				
Total. Combine lines	· · · · · · · · · · · · · · · · · · ·	13	0.			
art II Deductio	ns Not Taken Elsewhere (See instruction	s for limitati	ons on deductions)			
(Except for	contributions, deductions must be directly connec	ted with the	e unrelated business	income)	<del> </del>	
	cers, directors, and trustees (Schedule K)	1	RECEIVE	ED	14	
Salaries and wages Repairs and mainten	anca	ļ.,		73	15	
Bad debts	and the same and t	7133	≦¦ FEB <b>2 4</b> 2	020   🖰	17	
Interest (attach sche	dule) (see instructions)	ار	7	1 -	18	
Taxes and licenses			OGDEN,	UT	19	
	ons (See instructions for limitation rules)	Ļ.	<u> </u>		20	
Depreciation (attach	rorm 4562) Ilmed on Schedule A and elsewhere on return		21 22a		22b	
Depletion Control	and on oursele A and disconners of rotal		(LLu)		23	
· ·	rred compensation plans				24	
Employee benefit pro	<del>-</del>				25	
Excess exempt expe					26	
Excess readership co	ists (Schedule J) tach schedule)				27	
•	•				29	
Other deductions (at			rom line 13		30	
Other deductions (at Total deductions. A	axable income before net operating loss deduction. Subt	tract line 29 f			1 1 1	
Other deductions (at Total deductions. A Unrelated business t			8 (see instructions)		31 32	

Form 990-T	(2018) HIGHER EDUCATION SERVICING CORPORATION 75-	<u>-166109</u>	8	P	Page 2
Part II	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33			0.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	1 35			0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
30	lines 33 and 34	36			
		37	1	.,00	10
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		<del>                                     </del>	.,00	-
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				0.
Don't 1	enter the smaller of zero or line 36	38	<u> </u>		<u> </u>
Part I			T		_
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	<del> </del>		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		h.		
	Tax rate schedule or Schedule D (Form 1041)	► 4D	<del>                                     </del>		
41	Proxy tax. See instructions	<b>▶</b> 41	<del>↓</del>		
42	Alternative minimum tax (trusts only)	42	<del>                                     </del>		
43	Tax on Noncompliant Facility Income. See instructions	48			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	<u> </u>		0.
Part V	Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
b	Other credits (see instructions)				
С	General business credit Attach Form 3800 45c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 45a through 45d	45e	1		
46	Subtract line 45e from line 44	46			0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sci				
48	Total tax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	<del>                                     </del>		0.
	Payments: A 2017 overpayment credited to 2018	l i			
		<del></del>			
		<del></del>			
	,	<del></del>			
	Foreign organizations: Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions) 50e	<del></del>			
	Credit for small employer health insurance premiums (attach Form 8941)	——			
g	Other credits, adjustments, and payments: Form 2439	-			
	Form 4136 Other Total ▶ <b>50g</b>	—— - <u>-</u> -	-		
51	Total payments. Add lines 50a through 50g	511	<del> </del>		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	<del>                                     </del>		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>▶</b> 54	<del>                                     </del>		
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	<b>▶</b> 55	<u></u>		
Part \	Statements Regarding Certain Activities and Other Information (see instructions)			—т	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		ļ.	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		,	-	
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true	st?			Х
	If "Yes," see instructions for other forms the organization may have to file.			-	
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			` .	
-	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m correct, and complete Declaration of preparer (preythan taxpayer) is based on all information of which preparer has any knowledge	y knowledge and	belief, it is true,		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here	TED///W/// 12/18/2020 Executive Divector		RS discuss this r rer shown below		in
	Signature of officer Date Title		ns)? X Yes	·	No
	Print/Type preparer's name Preparer's signature Date Check	ıf PT			
<b>.</b>	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Paid	TRAIT NETTEL ON   Dra / Evelow   02/11/20		2000832	210	
Prepa	rer II. H. MEVELOW		75-0786		
Use C	2821 W. 7TH ST., STE. 700	L114 - /	3 0 7 0 0	, , , , 0	
	l de la companya de	no Q17	-332-79	ነበፍ	
0007:1:5:	Firm's address ► FORT WORTH, TX 76107 Phone	110. OI/-	50rm 99		2010

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation N/A				
1 Inventory at beginning of year	1			Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		line 6	7 ,		
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs		•		line 2		Į	7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to	Yes N	lo
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		_	property produced or a	acquired	l for resale) apply to		
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?				
Schedule C - Rent Income ( (see instructions)  1. Description of property	(From Real	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty) 	
	<del></del>	<u>-</u> .						
<u>(1)</u> (2)		*-						_
(3)							· · · · · · · · · · · · · · · · · · ·	
(4)								_
(4)	2. Rent receiv	ed or accrued						
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ad on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.	]		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> (	).
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
			١,	Gross income from		<ol> <li>Deductions directly confitted to debt-finance</li> </ol>		
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			<b>†</b>					_
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	ıs
<del></del>	f -			%				
(1)					T			
<u>(1)</u> (2)				%				
(2)				% %	-			
(2)				%		nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
(2)				%			Part I, line 7, column (B)	).
(2) (3) (4)	icluded in column	18		%		Part I, line 7, column (A)	Part I, line 7, column (B)	).

Schedule F - Interest,	Annuities, Royal		From Co Controlled O			tions	see in:	struction	ns)
1. Name of controlled organizat	tion 2. Em	ployer 3. Net un (loss) (se	related income e instructions)	4. Tot	al of specified nents made	includ	rt of column 4 led in the cont cation's gross	rolling	6 Deductions directly connected with income in column 5
(1)			<u> </u>						
(2)				·-·					
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7. Texable Income	8. Net unrelated incom (see instructions		l of specified payr made	nents	10. Part of colu in the controlli gross		uzation's		eductions directly connected th income in column 10
(1)									
(2)									
(3)									
(4)									
					Add colun Enter here and line 8, c		1, Part I,	l	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals				▶			0.		0.
Schedule G - Investme		Section 501(c)(7	7), (9), or (	17) Org	janization				
1. Desc	cription of income		2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)	····						ļ		
(4)							<u> </u>		
			Enter here and Part I, line 9, co	lumn (A)	·				Enter here and on page 1, Part I, line 9, column (B)
Totals		<u> </u>	·	0.	- 1				
Schedule I - Exploited (see instru		income, Other	Than Adv	ertisin	g income		<del></del>		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incon from unrelated business (co minus colum gain, compute through	I trade or llumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	,	,					Enter here and on page 1, Part II, line 26
Totals -	0.	0.	1		-				0.
Schedule J - Advertision									
Part I Income From	Periodicals Repo	orted on a Con	solidated	Basis					
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	or (loss) (c		5. Circulati		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-					
(2)									]
(3)									_
(4)							ļ		
Totals (carry to Part II, line (5))	<b>•</b>	0. 0							0.
	•		<del></del>						Earm 990-T (2019

0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis ) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2. Gross advertising income 5. Circulation 6 Readership 3. Direct 1. Name of periodical ıncome costs advertising costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B)

Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

0

Form 990-T (2018)

## HIGHER EDUCATION SERVICING CORPORATION

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/13	68,038. 38,851.	6,211.	61,827. 38,851.	61,827. 38,851.
08/31/14 NOL CARRYO	JO,051. VER AVAILABLE THIS	•	100,678.	100,678.